

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AW</i>		8/3/00
O.I.P.E. CLASSIFIER		19	8900
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>AB</i>	5022	9-20-00

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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Form PTO-431  
(Rev. 6/99)

If more than 150 claims or 10 actions  
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